



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Dempsey Benton, Secretary

Michael S. Lancaster, M.D. and
Leza Wainwright, Directors

September 11, 2008

MEMORANDUM

TO: LME Directors

FROM: Leza Wainwright 

RE: Simplification of the Integrated Payment and Reporting System (IPRS)

As we have been discussing for the past several months, I am pleased to announce the implementation of a number of changes designed to simplify the Division's Integrated Payment and Reporting System (IPRS). In accordance with our obligations in the DHHS/LME contract to provide at least ninety (90) days notice prior to implementing a policy change, these changes will be implemented effective January 1, 2009.

Our goal in making these changes in IPRS is to strengthen decision making, management oversight, and fiscal accountability of Local Management Entities in contracting, authorization, reimbursement, and monitoring of state and federal funds. We also believe these changes will promote improved utilization of resources through more predictable and consistent local fiscal management. The specific changes are outlined below.

1) Elimination of Twenty-Three (23) IPRS Target Populations

As Attachment A indicates, we are eliminating twenty-three (23) target population groups. This represents a forty-seven percent (47%) reduction in the complexity of IPRS as compared to the current number of target population groups and distinctive service arrays for mental health, developmental disabilities and substance abuse services consumers. This reduction has been accomplished by consolidating a number of separate target populations with specialized consumer eligibility criteria into a smaller number of revised age/disability target populations and by identifying alternative ways to gather any required data. This change does not affect any current or future consumer's eligibility for services, and will not adversely affect any consumer's access to services. Eligibility for reimbursement for consumer services will continue to be directed and reported by the remaining target population designations across six age/disability groups, and will include those individuals who are receiving crisis services and assessment services.

For those consumers who are in a target population group that is scheduled to be eliminated, providers will be required to reassign consumer eligibility, and LMEs will be required to reenroll these consumers in IPRS using an 834 Record, in one of the remaining target populations. This reassignment and reenrollment of consumers by providers and LMEs may begin on October 1, 2008 and should be completed no later than December 31, 2008.

2) Elimination of the Target Population Hierarchy

Note: LME Directors have previously indicated overwhelmingly support of this proposal to eliminate the IPRS target population hierarchy. Some LME staff, however, continue to request that the Division not implement this change and have stated that they are working to convince their directors to change their position. Unless a majority of LME Directors indicate by September 26, 2008 that they now support



maintaining the hierarchy, the Division will proceed with the programming necessary to implement this change. Once the target population hierarchy is eliminated, it will not be reinstated.

The elimination of the target population hierarchy is being implemented in order to reduce the uncertainty that LMEs experience related to IPRS reimbursement mechanisms that automatically direct that multiple disability funding sources are available for services for a consumer who is concurrently enrolled in more than one disability target population. Through the elimination of the target population hierarchy and concurrent consumer enrollment, IPRS reimbursement mechanisms will be directed by a single primary target population group for which the consumer is eligible. This change will ensure that providers and LMEs are operating within a simplified IPRS, in which there is consistent local management of the assignment, enrollment, reimbursement, and reporting of an eligible consumer in a single primary target population group.

IPRS funds allocated to LMEs will be earned in IPRS through a predictable pattern of disability based reimbursement directed by the consumer's eligibility. Consumers will be assigned by providers and enrolled by LMEs into a single disability target population group that represents the consumer's principal or primary diagnosis and the main focus of attention or treatment for the current episode of care. Because concurrent enrollment of a consumer in multiple target populations will not be allowed, IPRS policies regarding concurrency issues will no longer be necessary. For those consumers who are currently enrolled in more than one target population group, providers will be required to reassign consumer eligibility, and LMEs will be required to reenroll these consumers using an 834 Record, into a single target population. This reassignment and reenrollment of consumers by providers and LMEs may begin on October 1, 2008 and should be completed no later than December 31, 2008.

3) Expansion of the Covered Array of Services

The Service Array within each age/disability group will be expanded effective October 1, 2008 to include a larger number of services that will be available to consumers within age/disability target population groups. With this expansion of services availability, greater responsibility will be carried by LMEs for appropriate and effective authorization, reimbursement, monitoring, and management of allocated state and federal funds.

4) Elimination of the Child Eligibility Matrix and the Adult Eligibility Matrix

The Child Eligibility Matrix and Adult Eligibility Matrix are being eliminated in order to reduce the burden on providers of completing these voluntary eligibility documents. Effective October 1, 2008 the Division will issue a revised LME Consumer Admission and Discharge Form that will include the identification of the consumer's IPRS target population. The old matrices will be archived on the Division website and the Division will no longer update them on an annual basis.

I am confident that these changes to simplify IPRS are responsive to concerns that have been raised by LMEs and providers. We will continue to review and evaluate other options to streamline and strengthen Division mechanisms for payment, reporting, and accountability.

Questions regarding these changes may be addressed to the Division's IT staff at (919) 733-4460 or to Spencer Clark at (919) 733-4670 or Spencer.Clark@ncmail.net.

cc: Secretary Dempsey Benton
Management Leadership Team
MH Commission Chair
Sharnese Ransome
Kaye Holder

Dan Stewart
Yvonne Copeland
The Coalition Chair
Denise Harb
Tom Lawrence

Executive Leadership Team
Patrice Roesler
SCFAC Chair
Shawn Parker

Attachment



Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Attachment A: Summary of Revised and Eliminated Target Population Groups Following Simplification of the Integrated Payment and Reporting System (IPRS)

Effective January 1, 2009*

The elimination of twenty-three (23) target population designations has been effected through the consolidation of identified separate target populations with specialized consumer eligibility criteria into a smaller number of revised age/disability target populations. This change has not reduced any current or future consumer's eligibility for services, and will not adversely affect any consumer's access to services.

#	Age/Disability Group	Target Population Abbreviation	Target Population Name	Revised Status of Target Population	Explanation of Renamed, Revised, Unchanged or Eliminated Status of Target Population Group
Revised IPRS Target Population Groups Effective October 1, 2008*					
A	Adult Mental Health	AMI	Adult with Mental Illness	Newly Renamed and Revised	Renamed and revised to consolidate four (4) eliminated AMH target populations (AMSPM, AMSMI, AMPAT, AMDEF).
B	Adult Mental Health	AMSRE	Stable Recovery Population	Unchanged	Maintained with no change.
C	Adult Mental Health	AMAO	Assessment Only	Unchanged	Maintained with no change.
D	Adult Mental Health	AMCS	Crisis Services	Unchanged	Maintained with no change.
E	Adult Mental Health	AMCEP	Community Enhancement Program	Revised	Revised to consolidate five (5) eliminated target populations (CMCEP, ADCEP, CDCEP, ASCEP, CSCEP).
F	Child Mental Health	CMSED	Child who is Seriously Emotionally Disturbed (SED)	Renamed and Revised	Renamed and revised to consolidate three (3) eliminated CMH target populations (CMMED, CMDEF, CMPAT).
G	Child Mental Health	CMECD	Early Childhood Disorder	Unchanged	Maintained with no change.
H	Child Mental Health	CMAO	Assessment Only	Unchanged	Maintained with no change.
I	Child Mental Health	CMCS	Crisis Services	Unchanged	Maintained with no change.
J	Adult Developmental Disabilities	ADSN	Adult with Developmental Disability	Revised	Revised to consolidate one (1) eliminated ADD target population (ADMRI).
K	Adult Developmental Disabilities	ADAO	Assessment Only	Unchanged	Maintained with no change.
L	Adult Developmental Disabilities	ADCS	Crisis Services	Unchanged	Maintained with no change.
M	Child Developmental Disabilities	CDSN	Developmental Disability	Unchanged	Maintained with no change.
N	Child Developmental Disabilities	CDAO	Assessment Only	Unchanged	Maintained with no change.

#	Age/Disability Group	Target Population Abbreviation	Target Population Name	Revised Status of Target Population	Explanation of Renamed, Revised, Unchanged or Eliminated Status of Target Population Group
O	Child Developmental Disabilities	CDCS	Crisis Services	Unchanged	Maintained with no change.
P	Adult Substance Abuse	ASCDR	Injecting Drug User/Communicable Disease	Unchanged	Maintained with no change.
Q	Adult Substance Abuse	ASWOM	Women	Unchanged	Maintained with no change.
R	Adult Substance Abuse	ASDSS	DSS (Department of Social Services) Involved	Unchanged	Maintained with no change.
S	Adult Substance Abuse	ASCJO	Criminal Justice Offender	Unchanged	Maintained with no change.
T	Adult Substance Abuse	ASTER	Treatment Engagement and Recovery	Revised	Revised to consolidate four (4) eliminated four (4) eliminated ASA target populations (ASHMT, ASDWI, ASDHH, ASHOM).
U	Adult Substance Abuse	ASAO	Assessment Only	Unchanged	Maintained with no change.
V	Adult Substance Abuse	ASCS	Crisis Services	Unchanged	Maintained with no change.
W	Child Substance Abuse	CSSAD	Child with Substance Abuse Disorder	Revised	Revised to consolidate three (3) eliminated CSA target populations (CSWOM, CSCJO, CSDWI).
X	Child Substance Abuse	CSMAJ	Child in the MAJORS SA/JJ Program	Unchanged	Maintained with no change.
Y	Child Substance Abuse	CSAO	Assessment Only	Unchanged	Maintained with no change.
Z	Child Substance Abuse	CSCS	Crisis Services	Unchanged	Maintained with no change.

Eliminated IPRS Target Population Groups Effective January 1, 2009*

1	Adult Mental Health	AMSPM	Adult with Severe and Persistent Mental Illness	Eliminated	Consolidated target population eligibility into newly renamed and revised AMI.
2	Adult Mental Health	AMSMI	Adult with Serious Mental Illness	Eliminated	Consolidated target population eligibility into newly renamed and revised AMI.
3	Adult Mental Health	AMPAT	Homeless (PATH)	Eliminated	Consolidated target population eligibility into newly renamed and revised AMI. PATH funds are currently allocated and reported on outside of IPRS. "Homeless" status is required to be documented on LME Consumer Admission and Discharge Form in Question #15: "Living Arrangement (residential) at time of admission".
4	Adult Mental Health	AMDEF	Deaf or Hard of Hearing	Eliminated	Consolidated target population eligibility into newly renamed and revised AMI. Deaf funds are currently allocated and reported on outside of IPRS. "Deaf/Hearing Impaired" status is required to be documented on Standardized Consumer STR Interview and Registration Form effective October 1,

#	Age/Disability Group	Target Population Abbreviation	Target Population Name	Revised Status of Target Population	Explanation of Renamed, Revised, Unchanged or Eliminated Status of Target Population Group
					2008 in Question #26: "Accommodation of Special Consumer Needs".
5	Child Mental Health	CMMED	Seriously Emotionally Disturbed	Eliminated	Consolidated target population eligibility into renamed and revised CMSED.
6	Child Mental Health	CMDEF	Deaf or Hard of Hearing	Eliminated	Consolidated target population eligibility into renamed and revised CMSED.
7	Child Mental Health	CMPAT	Homeless (PATH)	Eliminated	Consolidated target population eligibility into renamed and revised CMSED.
8	Child Mental Health	CMCEP	Community Enhancement Program	Eliminated	Consolidated target population eligibility into revised AMCEP.
9	Adult Developmental Disabilities	ADMRI	MR/MI (Mental Retardation/ Mental Illness)	Eliminated	Consolidated target population eligibility into revised ADSN.
10	Adult Developmental Disabilities	ADCEP	Community Enhancement Program	Eliminated	Consolidated target population eligibility into revised AMCEP.
11	Child Developmental Disabilities	CDCEP	Community Enhancement Program	Eliminated	Consolidated target population eligibility into revised AMCEP.
12	Adult Substance Abuse	ASHMT	High Management	Eliminated	Consolidated target population eligibility into revised ASTER.
13	Adult Substance Abuse	ASDWI	DWI (Driving While Impaired) Treatment	Eliminated	Consolidated target population eligibility into revised ASTER.
14	Adult Substance Abuse	ASDHH	Deaf and Hard of Hearing	Eliminated	Consolidated target population eligibility into revised ASTER.
15	Adult Substance Abuse	ASHOM	Homeless	Eliminated	Consolidated target population eligibility into revised ASTER.
16	Adult Substance Abuse	ASCEP	Community Enhancement Program	Eliminated	Consolidated target population eligibility into revised AMCEP.
17	Child Substance Abuse	CSWOM	Women	Eliminated	Consolidated target population eligibility into revised CSSAD.
18	Child Substance Abuse	CSCJO	Criminal Justice Offender	Eliminated	Consolidated target population eligibility into revised CSSAD.
19	Child Substance Abuse	CSDWI	DWI (Driving While Impaired) Treatment	Eliminated	Consolidated target population eligibility into revised CSSAD.
20	Child Substance Abuse	CSIP	Indicated Prevention	Eliminated	Eliminated as unnecessary. Prevention funds are currently allocated and reported outside of IPRS.
21	Child Substance Abuse	CSSP	Selective Prevention	Eliminated	Eliminated as unnecessary. Prevention funds are currently allocated and reported outside of IPRS.
22	Child Substance Abuse	CSCEP	Community Enhancement Program	Eliminated	Consolidated target population eligibility into revised AMCEP.
23	Cross Disability	CDP	Cross Disability Funded	Eliminated	Eliminated as unnecessary.

* For those consumers who are in a target population group that is scheduled to be eliminated, providers will be required to reassign consumer eligibility, and LMEs will be required to reenroll these consumers in IPRS using an 834 Record, in one of the remaining target populations. This reassignment and reenrollment of consumers by providers and LMEs may begin on October 1, 2008 and should be completed no later than December 31, 2008.

Note: IPRS Target Population Details are posted on the DMHDDSAS web site at <http://www.ncdhhs.gov/mhddsas/iprsmenu/index.htm>.